

State Form 4506 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

TRUE, CORRECT AND COMPLETE. /

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORI	MATION		
Full name of committee (as on Statement of Organization) Check if this is a new name		EU /4 INDICO DI BILONIO	Co (micros man
John Snethen FOR TOWN C	ouncil	sales of bases of the state	LI METERS PARK DA
2. Acronym or abbreviated name, if any	3. Committee tele	phone number 758 - 4262	andrew sizero Sie marches
4. Mailing address (address where all campaign finance correspondence is received) Ch	eck if this is a new a	ddress	CHARLES ELECTRON UNITED THE TOTAL COMPANY AND INCOME.
5. City, state, ZIP code Sheridan In 46069	6. Party affiliation	(if applicable)	THIS AN AMENDMENT?
CANDIDATE INFORMATION (For Cand			线制制 建心产 40.2 4
7. Full name of candidate (include any nickname)	CARLES SHOW THE PROPERTY AND	or if independent	
John D. Snethen	R	epoblican	
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of res		EM 2 Entar the acronyo
TYPE OF REPORT	STATE OF THE PARTY		CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, an	ed 20 must be "0"	Pre-Convention	
Outgoing Treasurer (within 10 days amend Statement of Organization)	W sombrogain	Post-Conventio	
12. Reporting period:		COLUMN A	COLUMN B
From: 2-13-03 Through: 10-10-	03	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	da intri sicilide 2	D	
14. Cash on hand and investments January 1, current year.			0
CONTRIBUTIONS AND RECEIPTS	* >4 > > 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	TARREST CONTROL OF SERVICE	outer with the production for the other tree
(Note: these amounts include in-kind contributions and loans, as well as cash contributions			
15a. Itemized (use Schedule A)	_	196.79	196.79
15b. Uniternized and account to the same of the same o	elections of n	0	101 20
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	196.79	196.79
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	96-19	196-79
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	the heligible North	196.79	196.79
17b. Unitemized	dett." A write-b	0	0
·	SUBTOTAL	196.79	196.79
17c. Add lines 17a and 17b in both columns			^
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both co	lumns) TOTAL	0	
19. Debts OWED BY the committee (use Schedule D)	foliosid es	0	and the second second
20. Debts OWED TO the committee (use Schedule E)	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	0	

Signature on File

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose.

(IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
(street, number, city, state, ZIP code) 1. John D. Snethen Auto Dealersh.p owner 101 Tecumseh D Sheridan In 46069 Contributor's Occupation (frequired) Auto Dealer Owner	Contributions: Prirect Jair of Signs Other Receipts: Interest Loan Misc (specify)		196.79	
2 Istoneg erit ednozab enotitetritino bi bl-st toP used etanging enotite es possible es po	Contributions: Direct In-Kind (describe)	SENTO XX	KIBLITION (E UP CURI
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)		0	HANN B CLIF
3. t.t. A course of the tan a case off at a fine.	Contributions: Direct In-Kind (describe)	colunder yes	dase to the	ns nat ne ERCEIVEI
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)	0	new business	en en emblud sultans are re EIVED BY
** A Schedule A. H. hare in only one page of this Schedule,	Contributions: Direct In-Kind (describe)	HEDULE AL	PAGE OF SI	SIHT LATOR
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	_	0	bgos on Sched
5.	Contributions: Direct In-Kind (describe)		0	
Contributor's Occupation (if required)	Other Receipts: Interest □Loan Misc (specify)	6		
SUR TOTAL THE	S PAGE OF SCHEDULE A	\$ 196.99	0	
TOTAL OF ALL PAGES OF SCHEDULE A C (Enter total on ITEM 15a of the Summary S	N THE LAST PAGE ONLY			
Enter total off ITEM 104 of the Summary S	ileer)	\$		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECE RECEIVED
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notes to the tot one of the contractor	Other Receipts: Interest □ Loan □ Misc (specify)	0	•	TANT:
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c NOT when mailed or deposited in an account.	Other Receipts: Interest □Lcan Misc (specify)	pose el riaso n estilmenco	ed: Tetn3	
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	Other Receipts: Interest I Loan Misc (specify)	0	6	US. US. 710 T
	Contributions: Direct In-Kind (describe)			
	Other Receipts:			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructors on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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-		Other Receipts: Interest □ Loan Misc (specify)	atudhinoa s	palestre autoring	SRTANT:
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	cal incarding frets d, transferre-in or other receipts for this nibutions, lackude glin-kind, transferre-in or other receipts	Other Receipts: Interest Loan Misc (specify)	G-OT-SAE	O O	UMN B CUT
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4.	of Schedule A. I there is once three page of this Schedule, LY: Enter (CW THE LAST PAGE ONLY) the total amount	Contributions: Direct In-Kind (describe)	CHEDULE A	PAGE QF S AGES OF S	COTAL TERS OF S DA SECTO LL OF ALL F
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE Please type or print legibly IN BLACK INIX all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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		Other Receipts: Interest Loan Misc (specify)	^		
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INIK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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10 m	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

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Page	of			

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question	PUBLIC QUESTION INFORMATION			
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Type of Question: Statewide Lo	cal lispoi no eroiwetate si nodeeup piktuq erii	nerterly gritts:	printe box indi	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

Page

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZiP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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